Managing bloodstream infections

(JANUARY 2011)

TO THE EDITOR: I congratulate Drs. O’Grady and Chertow for their excellent review on bloodstream infections.1 I just want to call attention to one aspect that the authors forgot. In FIGURE 1, they classified patients as being mildly or moderately ill if they had no hypotension or organ failure, and subdivided this group into those having or not having high-risk factors. The high-risk factors included evidence of severe sepsis, which by definition needs dysfunction or failure of one or more organs.2

As has been demonstrated by epidemiologic studies, severe sepsis is associated with a high risk of death,3 twice as high as in patients with only catheter-related bloodstream infection.4 So, according to the joint guidelines of the American College of Chest Physicians and the Society of Critical Care Medicine, severe sepsis implies dysfunction or failure of at least one organ. I believe that patients with severe sepsis should be classified in the group of seriously ill.

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REFERENCES

correction

Giant cell arteritis

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There was an error in the caption for FIGURE 2 in: Villa-Forte A. Giant cell arteritis: Suspect it, treat it promptly. Cleve Clin J Med 2011; 78:265–270. The image was of digital subtraction angiography, not magnetic resonance angiography. The caption has been corrected in the online version of the article.

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